



Greene County GAS PERMIT APPLICATION

BUILDING, PLANNING & ZONING
706-453-3333
fax 706-453-2579
1034 Silver Dr
Suite 103
M-F 8am-5pm

OFFICE USE ONLY

Permit Number: _____ Permit Fee: _____ Date Approved: _____

OWNER INFORMATION

Owner Name: _____ Phone: _____
Job Address: _____ Cell: _____
Subdivision: _____
City/State: _____ ZIP: _____

CONTRACTOR INFORMATION

Contractor Name: _____ Phone: _____
Contractor Address: _____ Cell: _____
City/State: _____ ZIP: _____ Fax: _____
Email: _____
Business License No. _____ County of Issue: _____
State of GA Plumbing Certification No. _____

(Please provide a copy of license.) *Required unless Homeowner-Affidavit must be signed by Homeowner

Type of fuel: Natural _____ LP _____

Equipment: How Many Each Line

Hot Water Heater	_____	BTU	_____
Heating System	_____	BTU	_____
Cooking Range	_____		
Dryer	_____		
Bake Oven	_____		
Refrigerator	_____		
Fireplace	_____		
Grill	_____		
Other	_____		

Base fee for Gas (See Fee Schedule)
Re-inspection Fee--\$100.00

Contractor/Homeowner Signature: _____ Date: _____